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Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		OMB No.:	0938-
	State/Territor	y:	Texas		
<u>Citation</u> 42 CFR 447	4.18 <u>Re</u>	cipient Co	st Sharing an	d Similar Char	rges
through 44		deductibl	.es, coinsuran	42 CFR 431.55(ce rates, and owable charges	g) applies, copayments do not under 42 CFR
1916(a) an of the Act		and (6) h categoric beneficia	elow, with re ally needy or	as qualified ned in section	iduals covered as
	(1)		collment fee, ed under the p		milar charge is
	(2)		is imposed u	surance, copay nder the plan	ment, or similar for the
			vices to indi er	viduals under	age 18, or
		/	Age 19		
			Age 20		
		XXX	Age 21		
		age	18 or older,	but under age	iduals who are 21, to whom , if applicable.
		(ii) Co-			
		pre	gnancy or any complicate t	nant women rel other medical he pregnancy.	condition that
similar	charges are in	ly and Med	ically Needy	eligibles, no e	cost sharing or
TN No. 4 Superseder TN No.	7-34 Approval	Date JA	N 1 4 1992	Effective Date	OCT 01 1991
TN No. <u>0</u>	<u>'1- 10</u>				82E

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Revision:	HCFA-PM-91-	4 (BPI	OMB No.: 0938-
	State/Territo	ry:	Texas
Citation	*4.18(b)	(2) (Co	ntinued)
42 CFR 447 through 447.58	7.51	(iii)	All services furnished to pregnant women. /// Not applicable. Charges apply for
			/_/ Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
		(iv)	Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.
		(v)	Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
		(vi)	Family planning services and supplies furnished to individuals of childbearing age.
		(vii)	Services furnished by a health maintenance organization in which the individual is enrolled.
1916 of the P.L. 99-27 (Section)	72,	(viii)	Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.
* For Cate similar	gorically Need charges are im	y and Mo posed u	edically Needy eligibles, no cost sharing or nder the State Plan.

TN No. 91-34		
Supersedes Approval Date TN No. 86-23	JAN 1 4 1992	Effective Date OCT (1 1991
TN No. <u>06-25</u>		UCEN ID. 7002F

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State/Territory:	Texas	
Citation 4.18(b) (Co	ontinued)	
42 CFR 447.51 (3) through 447. 48 58	applies, <u>nominal</u> d copayment, or simi	der 42 CFR 431.55(g) eductible, coinsurance, lar charges are imposed for not excluded from such charges above.
	$\chi \overline{\chi} \overline{\chi}$ Not applicab imposed.	le. No such charges are
(i) For any service charge is impos	, no more than one type of ed.
,	i) Charges apply t following age g	o services furnished to the roups:
	/ 18 or	older
	<u> </u>	older
	<u> </u>	older
	/ Charges appl following re individuals	y to services furnished to the asonable categories of listed below who are 18 years of but under age 21.
TN No. 97-34 Supersedes Approval Day TN No. 86-24	ate JAN 1 4 1992	OCT 01 1991 Effective Date
TN No. <u>86-24</u>		HCFA ID: 7982E

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HCFA 179 91-34	

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Revision:		-PM-91- 4 T 1991	(BPD)		OMB No.: 09	38-
7	State	Territor	у:		Texas	
Citation 42 CFR 447 through 44	7 51	4.18(b)(3) (Co	ntinue)	
		8 ((iii)	For the categorically needy and qualified Medicare beneficiaries, <u>ATTACHMENT 4.18-A</u> specifies the:		
				(A)	Service(s) for which a char applied;	ge(s) is
				(B)	Nature of the charge impose service;	d on each
				(C)	Amount(s) of and basis for the charge(s);	determining
				(D)	Method used to collect the	charge(s);
				(E)	Basis for determining wheth individual is unable to pay and the means by which such is identified to providers;	the charge an individual
				(F)	Procedures for implementing the exclusions from cost sh contained in 42 CFR 447.53(aring
				(G)	Cumulative maximum that app deductible, coinsurance or charges imposed on a specif period.	copayment
					// Not applicable. Ther maximum.	e is no

TN No. 91-34	JAN 1 4 1992		
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TN NO. <u>90-25</u> tem (1)3)			
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OMB No.: 0938-

Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991 Texas State/Territory: ____ Citation 4.18(b)(4) // A monthly premium is imposed on pregnant women and infants who are covered under 1916(c) of the Act section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method-the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients. 4.18(b)(5) // For families receiving extended benefits 1902(a)(52) and 1925(b) during a second 6-month period under of the Act section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act. 1916(d) of 4.18(b)(6) \angle / A monthly premium, set on a sliding scale, the Act imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. $\underline{\text{ATTACHMENT 4.18-E}}$ specifies the method and standards the State uses for determining the premium.

TN No. <u>4/- 34</u>	
Supersedes Approval Date JAN 1 4 1992	Effective Date <u>OCT 01 1991</u>
Supersedes Approval Date JAN 1 4 1992 TN No. $90-25$, p_3 56 a, t_{em} -(b)(4) $90-32$, p_3 56 (g)	HCFA ID: 7982E

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Revision:	HCFA-PM-91- 4 (B	OMB No.: 0938-
	State/Territory:	Texas
Citation 42 CFR 447 through 44	7.51	Individuals are covered as medically needy under the plan.
chrough 4.	(1) <u>/</u>	An enrollment fee, premium or similar charge is imposed. ATTACHMENT 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.
447.51 th: 447.58	rough (2)	No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:
		(i) Services to individuals under age 18, or under
		/_/ Age 19
		/ Age 20
		<u>/</u> / Age 21
		Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:
TN No. $\frac{9}{2}$ Supersede:	7-34 s Approval Da	Effective Date OCT 01 1991
	6-24, pg 566, 24, pg 56c, 2	HCFA ID: 7082F

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	HCFA 179 91-34	

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Revision:	HCFA-PM-91-4 (1 AUGUST 1991	BPD)	OMB No.: 0938-
	State/Territory:		Texas .
Citation	4.18(c)(3)	nom. sim	ess a waiver under 42 CFR 431.55(g) applies, inal deductible, coinsurance, copayment, or ilar charges are imposed on services that are excluded from such charges under item (b)(2) ve.
		<u> </u>	Not applicable. No such charges are imposed.
	(For any service, no more than one type of charge is imposed.
	(Charges apply to services furnished to the following age group:
		4	/_/ 18 or older
		1	/_/ 19 or older
		1	/// 20 or older
•		4	/_/ 21 or older
		3	Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.
TN No.	77-34 7, Approval Da	ate _	JAN 1 4 1992 Effective Date OCT 0 1 1991
TN No	06-24		HCFA ID: 7982E

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(iii) For the medically needy, and other optional groups, <u>ATTACHMENT 4.18-C</u> specifies the:

Service(s) for which charge(s) is applied;

Texas

(A)

Revision: HCFA Region VI

447.51 through

Citation

447.58

September 1992

State/Territory:

4.18(c)'(3) (Continued)

			-
		(B)	Nature of the charge imposed on each service;
		(C)	Amount(s) of and basis for determining the charge(s);
		(D)	Method used to collect the charge(s);
		(E)	Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
		(F)	Procedures for implementing and enforce the exclusions from cost sharing contained in 42 CFR 447.53(b); and
		(G)	Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.
		۲	/ Not applicable. There is no maximum
	- 100		
447.57	4.18(d)	any pr amount insura charge	ance, copayments or similar es that the provider has done or are uncollectable, except permitted under 42 CFR
TN No. 22 Supersedes TN No.	31 Approval Dat	·_!//	3/92 Effective Date 18/10/92 HCFA ID: 7982E